*									Α	Application or Docket Number				
	٠.	4PΔTFNT Δ	PPLICATIO	N FEE DE	RD		70 A-G	K.	ER.10	I DV 1				
	•,	·	Effect	ive Octob	_		17/10	72	8693	<u>, </u>				
-	CLAIMS AS FILED - PART I									NTITY		OTHER		
	(Column 1) (Column 2)								YPE [OR	SMALL E	NTITY	
F	0	TAL CLAIMS							RATE	FEE		RATE	FEE	
FOR				NUMBER FILED		NUMBE	R EXTRA	E	BASIC FE	385.00	OR	BASIC FEE	770.00	
╟┰	OT	AL CHARGEA	BLE CLAIMS	1 D minus 20=		· Ø		ļ	X\$ 9=		OR	X\$18=		
12	NDE	PENDENT CL	AIMS	屋 minus 3 =		* **		X43=		43	OR	X86=		
N	AUL	TIPLE DEPEN	DENT CLAIM P	BESENT				Ī	+145=		OR	+290=		
-	If 1	he difference	in column 1 is	less than zero, enter "0" in column 2			L	TOTAL	428	OR	TOTAL			
	CLAIMS AS AMENDED - PART II									<u> </u>		OTHER		
		CI	(Column 1)				(Column 3)		SMALL	ENTITY	OR	SMALL	NTITY	
٦	Ţ		CLAIMS REMAINING		HIGH NUM		PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
Į			AFTER AMENDMENT		PREVIO PAID		EXTRA		NAIL	FEE			FEE	
AMENDARENTA	5	Total	. 55	winus	* 6	12	-33		X\$ 9=	297	OR	X\$18=		
		Independent	. 6	Minus	***	5	= /		X43=	43	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
l								L	TÖTA		OR	TOTAL ADDIT. FEE		
				(Column 3)	ADDIT. FEE									
I	_	· · · · · · · · · · · · · · · · · · ·	(Column 1) CLAIMS	7'	HIGH	mn 2) HEST		1 [ADDI-	1		ADDI-	
	n =		REMAINING AFTER		PREVI	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	N L		AMENDMENT	Minus	PAID	FOR	=	1	X\$ 9=		OR	X\$18=		
	AMENDMENI	Total Independent	*	Minus	***		=	1 1		8 6	1	Voc		
	A S	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR	X002		
-				,					+145=		OR		,	
									TOTA ADDIT. FE		OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)														
Į,	ပ	`	CLAIMS REMAINING			HEST MBER	PRESENT			ADDI-	1	DATE	ADDI- TIONAL	
	N		AFTER AMENDMENT		_	OUSLY FOR	EXTRA		RATE	TIONAL FEE		RATE	FEE	
	AMENDMENT	Total	•	. Minus	**		= .	┇	X\$ 9=		OF	X\$18=		
	Z	Independent	*	Minus	***		=	╽	X43=	2	OF	X86=		
113	⋖	FIRST PRESE	ENTATION OF N	NULTIPLE DE	PENDEN	NT CLAIM					٦,,		 	

+145=

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.